



Collection Site Passport

NON-DOT

DCF Controlled Substance Testing Program

Donor Name:

(Donor must have picture ID to show to collection site personnel)

Donor Social Security #:

Collection Site - Name:

Address:

Phone:

Testing Date

Testing Time

Type of Test to be conducted:

Drug Test (NIDA/5) Panel

Reason for Testing:

Reasonable Suspicion

Normal Collection – Watch closely while giving sample.

INSTRUCTIONS TO CLINIC REPRESENTATIVE DO NOT TURN THIS DONOR AWAY!

You have been set up as a collection site for the above referenced customer. Please collect this donor's drug screen sample using the attached Chain of Custody form.

Fax copy of Chain of Custody form to:

DCF, Atten:

(RDC name and fax number)

DO NOT BILL THE DONOR OR THE CUSTOMER

You will be paid by University Services. These arrangements have been discussed at the time of the customer set-up with your facility. Should you have questions, please contact Colleen Ward at 800-624-3784.

FAX MRO COPY OF DRUG TEST CHAIN OF CUSTODY TO
UNIVERSITY SERVICES WITHIN 24 HOURS OF COLLECTION

Ben Gerson, MD
University Services
2837 Southampton Road
Philadelphia, PA 19154

Toll Free: 800-624-3784
Phone #: 215-637-6800
FAX: 215-637-6998